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APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/687,289	10/15/2003	3736	1162	11738.00141	33	37	4

CONFIRMATION NO. 8969

## FILING RECEIPT



\*OC000000011748525\*

22908

BANNER &amp; WITCOFF, LTD.

TEN SOUTH WACKER DRIVE

SUITE 3000

CHICAGO, IL 60606

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JAN 27 2004

BANNER & WITCOFF  
DOCKETING DEPT.

Date Mailed: 01/23/2004

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## Applicant(s)

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 Mark G. Frei, Lawrence, KS;  
 Mark T. Rise, Monticello, MN;  
 Scott F. Schaffner, Austin, TX;  
 Nina M. Graves, Minnetonka, MN;

## Assignment For Published Patent Application

Medtronic, Inc., Minneapolis, MN;

## Domestic Priority data as claimed by applicant

This appln claims benefit of 60/503,998 09/19/2003  
 and claims benefit of 60/418,553 10/15/2002

011738.00141  
**DOCKETED** JKA  
*filing receipt*  
 FEB 1 2004

## Foreign Applications

If Required, Foreign Filing License Granted: 01/22/2004

Projected Publication Date: To Be Determined - pending completion of Missing Parts

Non-Publication Request: No

Early Publication Request: No

## Title

**modal**  
Multi-modal operation of a medical device system

## Preliminary Class

600

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Title 35, United States Code, Section 184  
Title 37, Code of Federal Regulations, 5.11 & 5.15**

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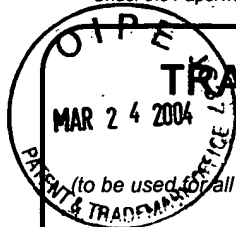
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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	<b>Application Number</b>	10/687,289	
	<b>Filing Date</b>	October 15, 2003	
	<b>First Named Inventor</b>	Ivan Osorio	
	<b>Group Art Unit</b>	3736	
	<b>Examiner Name</b>	Not assigned	
<b>Total Number of Pages in This Submission</b>		<b>Attorney Docket Number</b>	011738.00141

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> Request for Corrected Filing Receipt <input checked="" type="checkbox"/> Copy of Filing Receipt with correction shown in red <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Copy of Notice to File Missing Parts of Nonprovisional Application <input type="checkbox"/> Executed Declaration <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>Express Mail Certificate (1 page)</b> <b>Return Receipt Postcard</b>
<b>Remarks</b>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Binal J. Patel
Signature	
Date	March 24, 2004

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**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**  
(Attorney Docket No. 011738.00141)

In re Application of:	)	
	)	
Ivan Osorio, et al.	)	
	)	Group Art Unit: 3736
Serial No.: 10/687,289	)	
	)	Examiner: Not assigned
Filed: October 15, 2003	)	
	)	
For: MULTI-MODAL OPERATION OF	)	
A MEDICAL DEVICE SYSTEM	)	

**REQUEST FOR CORRECTED FILING RECEIPT**

Commissioner for Patents  
Office of Initial Patent Examination's  
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Sir:

Applicants respectfully request that a corrected Filing Receipt be issued for the above-identified patent application. Under the section which reads "Title," please correct the title to read as follows:

Multi-Modal Operation Of A Medical Device System.

A copy of the Filing Receipt with the correction shown in red is enclosed.

Respectfully Submitted,

BANNER & WITCOFF, LTD.

Dated: March 24, 2004

By: 

Binal J. Patel

Reg. No. 42,065

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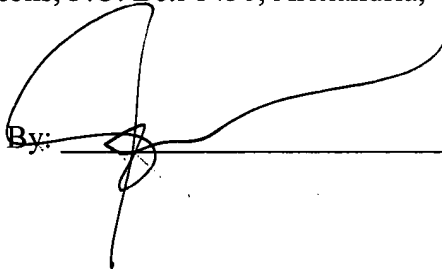


**CERTIFICATE OF MAILING**  
(PATENT APPLICATION)

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By: 

Application of: Ivan Osorio, et al.

Application No.: 10/687,289

Filing Date: October 15, 2003

Title: Multi-Modal Operation of A Medical Device System

Transmitted herewith are the following documents:

- X Transmittal Form (1 page) in duplicate
- X Request for Corrected Filing Receipt (2 pages)
- X Copy of Filing Receipt with correction shown in red (2 pages)
- X Return Postcard

Attorney Case No.: 011738.00141